



APPLICATION FOR CHIROPRACTIC REINSTATEMENT/REACTIVATION

GEORGIA BOARD OF CHIROPRACTIC EXAMINERS

237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440
(866) 888-1308 FAX
www.sos.ga.gov/plb/chiro

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Chiropractic in the State of Georgia. Visit the Board's website for information at: <http://www.sos.ga.gov/plb/chiro>.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.
Please review this application before you submit it to ensure that all information and documentation is complete and correct.
Please mail your application in a 9 X 12, or larger, envelope with pages unstapled and unfolded.
Incomplete applications result in delayed processing.
Incomplete applications are void after one year.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

The **non-refundable** application fees payable to **Georgia Board of Chiropractic Examiners** must be included with application.

- ☐ **REINSTATEMENT** due to non-renewal \$750.00 fee
☐ **REACTIVATION** due to written request for inactive status \$250.00 fee

The fee for checks returned due to non-sufficient funds is \$40.00.

- ☐ **NOTARIZED APPLICATION:** The application must be mailed to the Board's office at the address listed above, along with your **FEE** and **PHOTOGRAPH** – a passport-type photograph taken within one year before the submission of the application. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. The Board, at their next scheduled meeting, will review the application with required documentation. Approval of licensure is at the Board's discretion.
- ☐ **Resume or Curriculum Vitae-** List chronologically all employment, specialty training and all other experiences in the practice of chiropractic. Include names, beginning and ending dates, and locations, where applicable. Explain any intervals where you were not in training or practicing chiropractic.

- ❑ **OTHER STATE LICENSURE CERTIFICATION:** If you are or have ever been licensed in another State(s), please have that/those State(s) officially certify that license directly to the Board's office.
- ❑ If you obtained the required 120 classroom hours of physiotherapy to become certified for Electrical Therapeutic Modalities, you must submit proof to the Board's office. If these hours are included in your chiropractic transcripts, no further documentation is needed.
- ❑ **Jurisprudence Examination:** The examination must be downloaded from our website (see applications and other forms). The study materials are also on our website at www.sos.ga.gov/plb/chiro. **A score of 75 or higher is considered a passing score.**
- ❑ **Continuing Education:** You must have 40 hours of Continuing Education acquired in the last two years from the date of your application and the hours used for reinstatement **cannot** be used again for the renewal cycle after license reinstatement/reactivation.

FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA BOARD OF CHIROPRACTIC EXAMINERS

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440

www.sos.ga.gov/plb/chiro

APPLICATION FOR REINSTATEMENT/REACTIVATION OF A CHIROPRACTIC LICENSE

Application Fee (non-refundable) ☐ REINSTATEMENT due to non-renewal \$750.00 fee
☐ REACTIVATION due to written request for inactive status \$250.00 fee

License Type: Chiropractic

Method Obtained by: Application

Name as desired on License _____

First	Middle	Last

Name as shown on exam records or transcripts
(if different)

_____ First Middle Last

Social Security Number

Date of Birth

Physical Address				
Number and Street	Apt. No	City/State	Zip	
<i>P.O. Box not acceptable</i>				

Mailing Address				
(if different)	Number and Street	Apt. No	City/State	Zip

Telephone Number Day

Telephone Number Evening

Email address

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. **Your email address will not be shared with any third party.**

LICENSEE INFORMATION				
YOUR NAME (FIRST, MIDDLE INITIAL, LAST)		TELEPHONE (BUSINESS) ()		
		TELEPHONE (HOME) ()		
ADDRESS (STREET, CITY, STATE, ZIP CODE)*				
GEORGIA CHIROPRACTIC LICENSE #:	SOCIAL SECURITY #:	DATE OF BIRTH:		
*NOTE: ALL OF YOUR LICENSING INFORMATION WILL SHOW THIS ADDRESS, AND ALL CORRESPONDENCE FROM THE BOARD WILL BE MAILED TO THIS ADDRESS UNTIL YOU NOTIFY US OF A CHANGE.				
HAVE YOU EVER BEEN KNOWN UNDER ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, LIST BELOW)				
OTHER STATE LICENSE(S)				
IF YOU HAVE EVER BEEN ISSUED A LICENSE BY ANY OTHER STATE, YOU MUST CONTACT THAT STATE BOARD AND HAVE VERIFICATION MAILED DIRECTLY TO THE ADDRESS LISTED ABOVE, AND COMPLETE THIS SECTION. IF LICENSE HAS EVER BEEN DISCIPLINED, ATTACH COPY OF DOCUMENTS.				
STATE	PROFESSION	YEAR ISSUED	CURRENT STATUS	DISCIPLINARY ACTION?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
PROFESSIONAL EXPERIENCE (FROM DATE OF LICENSE EXPIRATION TO PRESENT)				
TYPE OF PRACTICE/EXPERIENCE AND LOCATION			DATES	
			FROM (MO/YR)	TO (MO/YR)
HAVE YOU PRACTICED IN GEORGIA SINCE YOUR LICENSE EXPIRED ON 12/31/____? <input type="checkbox"/> YES <input type="checkbox"/> NO				

CONTINUING EDUCATION	
APPLICANT'S INITIALS	I ATTEST THAT I HAVE COMPLETED/MET ALL OF CONTINUING EDUCATION REQUIREMENTS FOR THE PAST TWO YEARS, AS REQUIRED IN THE BOARD'S RULES. I AM ENCLOSING COPIES OF C.E. CERTIFICATES FOR THE APPROPRIATE NUMBER OF HOURS.
--OR--	
APPLICANT'S INITIALS	I ATTEST THAT I DID NOT MEET THE CONTINUING EDUCATION REQUIREMENTS FOR THE PAST TWO YEARS (20 HRS. PER YEAR), AND THAT I HAVE NOW OBTAINED THE DELINQUENT HOURS. I UNDERSTAND THAT THESE HOURS CANNOT BE USED FOR THE CURRENT BIENNIUM RENEWAL. I AM ENCLOSING COPIES OF THESE CERTIFICATES.

DISCIPLINARY ACTION**APPLICANT'S
INITIALS**

I ATTEST THAT I HAVE NEVER HAD MY LICENSE REVOKED, REPRIMANDED, FINED, INVESTIGATED, SUSPENDED, VOLUNTARILY SURRENDERED OR OTHERWISE SANCTIONED BY ANY BOARD OR AGENCY IN THIS OR ANY OTHER STATE. I FURTHER ATTEST THAT TO MY KNOWLEDGE, I AM NOT CURRENTLY, OR HAVE NEVER BEEN THE SUBJECT OF AN INVESTIGATION BY ANY LICENSING BOARD OR AGENCY.

CRIMINAL HISTORY**APPLICANT'S
INITIALS**

I ATTEST THAT I HAVE NEVER BEEN ARRESTED, CHARGED, AND/OR CONVICTED, SENTENCED, ENTERED A PLEA OR GIVEN FIRST OFFENDER STATUS FOR A FELONY OR MISDEMEANOR.

(IF YOU HAVE BEEN ARRESTED OR CONVICTED OF FELONY OR MISDEMEANOR, YOU MUST SUBMIT COPIES OF ARREST AND/OR COURT DOCUMENTATION.)

Intentionally blank for the remainder of this page

APPLICANT AFFIDAVIT

BY SIGNING BELOW, I CERTIFY THAT I HAVE ANSWERED ALL QUESTIONS TRUTHFULLY. I FURTHER CERTIFY THAT THE GEORGIA BOARD OF CHIROPRACTIC EXAMINERS MAY REQUIRE ADDITIONAL INFORMATION PRIOR TO MAKING A DETERMINATION REGARDING MY APPLICATION FOR REINSTATEMENT/REACTIVATION.

I HEREBY AUTHORIZE ANY LOCAL, STATE, OR FEDERAL AGENCY TO RELEASE TO THE BOARD ANY INFORMATION THEY MAY NEED IN CONNECTION WITH PROCESSING THIS APPLICATION.

I HEREBY AUTHORIZE THE GEORGIA BOARD OF CHIROPRACTIC EXAMINERS TO RECEIVE ANY CRIMINAL HISTORY RECORD PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA, OR ANY OTHER STATE OR TERRITORY.

I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE GEORGIA BOARD OF CHIROPRACTIC RULES AND LAWS, AS FOUND ON THE BOARD'S WEBSITE AT www.sos.ga.gov/plb/chiro.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 8 & 9 of this application.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Board of Chiropractic Examiners and/or criminal prosecution.

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary action that may ever be taken against my license, if it is granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

APPLICANT'S SIGNATURE	DATE

Sworn to and subscribed before me this _____ day of

_____ 20 _____

My Commission Expires _____

(Notary Public (seal)



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Georgia Board of Chiropractic Examiners ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

City, State and Zip

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

- ☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.
- ☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

- ____ Working with mentally disabled
____ Working with elder care
____ Working with children

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]